

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017859

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 178

FILED JUN 11 1962

1. PLACE OF DEATH

a. COUNTY

Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Kirksville

Length of stay in 1b

4 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR

~~KIRKSVILLE~~ Stickler

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Adair

c. CITY

OR

TOWN

Kirksville

Inside Limits

Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

706 N. Elson

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

LONZO

Middle

HENRY

Last

HARRIS

4. DATE
OF
DEATH

Month

June

Day

4

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never married ☐ Divorced ☐

8. DATE OF BIRTH

4-2-02

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired farmer

10b. KIND OF BUSINESS OR INDUSTRY

farming

11. BIRTHPLACE (City and state or country)

Knox County, Mo.

12. CITIZEN OF WHAT COUNTRY

U S

13a. FATHER'S NAME

John Harris

13b. MOTHER'S MAIDEN NAME

Emma McNabb

14. NAME OF HUSBAND OR WIFE

Nellie Barnes Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Nellie Harris, Kirksville, Mo/

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cancer of Lung

INTERVAL BETWEEN
ONSET AND DEATH

Approx. 4

mon.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 29, 1962 to June 4, 1962 and last saw him alive on June 4, 1962

Death occurred at 3:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

RO Stickler MD

22b. ADDRESS

107 E. Harrison, Kirksville, Mo.

22c. DATE SIGNED

6/6/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6-7-62

23c. NAME OF CEMETERY

Pleasant Ridge

23d. LOCATION (City, town, or county)

Knox County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Foster Memorial Home, Kirksville, Mo.

25. DATE RECD. BY LOCAL REG.

June 6, 1962

26. REGISTRAR'S SIGNATURE

Doris W. Ratliff

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10017

20017

3

4 0

5 1

6

7 0

8 2

9 163X

10

11

12 4-0

13 1-0

Permit renewed June 6, 1962

J. O. STICKLER, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Nova E. Foster
Nova E. Foster

Licensed Embalmer No. _____

4742

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.